

# Utah State Hospital Newsletter

Issue 42

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## IF NOTHING CHANGES; NOTHING CHANGES

A philosopher once said, "If Nothing Changes, Nothing Changes". It is a harsh reality to accept. Yet, if we are not amenable to the seemingly never-ending aspect of change in life, we can get stuck in the realities of our own discontentment; not moving forward and forfeiting many enriching experiences leading to the many rewards of success and achievements in life. "Man cannot discover new oceans unless he has the courage to lose sight of the shore." -Andre Gide.

Each individual has opinions regarding the way things should be whether it is our employment, relationships, personal health, social issues, etc. We all want what's best in our lives and the lives of those we care about. In general, most agree that there are always ways to improve. We are motivated by our ambitions and desires. And again, sometimes we find it hard to energize and commit ourselves to change the things we know need to change. Our busy lives and the added stress from change cause us to procrastinate that which could make life better. We often find ourselves looking back and regretting past decisions. We ignore or put things off and then a year from now we'll wish we had started today. Theodore Roosevelt state, "The best thing you can do is the right thing; the next best thing you can do is the worst thing; the worst thing you can do is nothing."

Many times change happens to us and if we are upset and/or disagree with the change, our attitude can become tainted. It creates tension and conflict. We at times expend much energy undermining those perceived as forcing change. Many times change seems arbitrary or benefiting others and not ourselves. We learn that we can either work to make a difference wherever possible or practice acceptance and move on.

We are also constantly learning about things we need to do to become healthier, improve our financial situations, be better parents, improve our relationships, etc. We can become overwhelmed with information and constant expectations on us and our time. Change is hard. The energy and effort required to be constantly improving can create overwhelming feelings of fear, discomfort or discouragement. If we could only understand that fear, uncertainty and discomfort are the compasses toward growth we could turn these feelings into positive energy and changes in life can be exciting, healthy and create life changing opportunities. Isn't this what we tell our patients?

Many people are driven by personal values and goals as well as moral and ethical expectations to be the best at what we do. In a similar way, organizations are also driven to improve efficiencies and productivity to achieve excellence. The Utah State Hospital exemplifies an ongoing commitment to Change. The Mission of the Hospital could not be sustained if we were not constantly Assessing, Planning, Implementing and Evaluating (APIE) what we do and making change where we fall short. This is the essence of a great Quality Improvement Program. We can be proud of the fact that we do not settle for status quo. Our daily efforts at providing "Excellent Care" for our patients can only be sustained through a positive attitude towards change. Our successful legacy has been built on constant improvement initiatives and dedicated hospital employees working together. Not every "Change" made at the hospital is necessarily considered perfect or the best possible solution. But, the triumphs we achieve in life never come without mistakes. Even if we stumble we are moving forward. "The greatest mistake you can make in life is to be continually fearing you will make one." ~Elbert Hubbard. Remember, IF NOTHING CHANGES; NOTHING CHANGES!"

*~Dallas Earnshaw, Superintendent*

# H.B. 194 Impacts



## What HB 194 Does

- ⚙ Beginning January 4, 2014, it ends the accrual of sick leave under the post-retirement medical benefit Program II and introduces a new Defined Contribution/ 401(k) match program.

Note: There will be a new sick leave Program III beginning January 4, 2014. Program III sick leave will have no value at retirement; it will be used as sick leave only.



## What HB 194 Does NOT Do

- ⚙ HB 194 does **NOT** change any existing benefits under Program I or Program II. Sick leave balances under Program I and Program II will be honored at retirement.
- ⚙ It does not impose caps or change accrual rates for the new Program III sick leave.
- ⚙ It does not make any changes to Tier I or Tier II retirement benefits.

## Introducing A Matching DC Benefit

- ⚙ Beginning on or after **January 4, 2014**, an employer shall make a biweekly **matching** contribution to every qualifying employee's defined contribution plan under section 401(k).
  - ❖ A '**qualifying employee**' means an employee who is in a position that is receiving retirement benefits, but not an employee who is reemployed and getting retirement benefits.
  - ❖ Each '**qualifying employee**' shall be eligible to receive the same dollar amount for the employer's contribution. The total amount of the contribution still to be determined.

## Defined Contribution Amounts for a qualifying employee (for this example the State's contribution is \$500.00 a year.) (Rate still to be determined)

Employees Contribution	State's Contribution (to be determined)
<u>\$0</u>	<u>\$0</u>
<u>\$200.00</u>	<u>\$200.00</u>
<u>\$400.00</u>	<u>\$400.00</u>
<u>\$500.00</u>	<u>\$500.00</u>
<u>\$600.00</u>	<u>\$500.00</u>

- ⚙ The Legislature shall annually determine the contribution amount that an employer shall provide to each qualifying employee. This amount may not exceed \$26 for each qualifying employee.
- ⚙ The employer and employee contributions made under this section **Vest Immediately** upon deposit and can be withdrawn by the employee at any time, subject to IRS regulations.

## Program III Sick Leave

- ⚙ Accrual of sick leave hours can only be used as sick leave.
- ⚙ Has no value at retirement.
- ⚙ Has no cap on the accrual of sick leave.



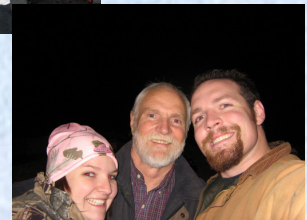
Questions can be referred to a Human Resources Representative.





## USH Employee Tubing Night at Soldier Hollow

On Thursday, March 14<sup>th</sup>, USH employees and their families went snow tubing at Soldier Hollow. The USH Employee Activity Committee provided chili, chips, cookies and hot chocolate. Everyone had a great time on the longest tubing lanes in Utah. They were able to enjoy a hill that has 1,200-foot sliding lanes with lift service to tow people up the hill for tubing day or night under the lights and a sound system keeps the airwaves full of enjoyable tunes.



*Pictures Courtesy of Paul Cloward*

## Joint Commission Visit

As many of you know, we are due for a Joint Commission Survey in the next year. Of course, USH is always ready for a survey. Yet, there are many standards to remember and much to stay on top of.

Over the next year, you will receive information via email from Risk Management, Quality Resources and the Hospital Administration reinforcing important things that we should all know. Please pay close attention to these emails and discuss them in your meetings as they are official training/communication regarding the Accreditation Process. The focus will include things such as: National Patient Safety Goals, Best Practice Standards, Hospital Policies, Tracer Activities, Process Improvement Activities, Risk Management and Life Safety Issues, etc. In preparation for their visit, administration would like to remind all employees of the Mission, Vision and Values of the Utah State Hospital.

### **MISSION**

USH provides excellent care in a safe and respectful environment to promote hope and quality of life for individuals with mental illness.

### **VISION**

Our vision is to enhance patient recovery through dedicated service, family and community networking, collaborative research efforts, and maximizing evidence based treatment practices.

### **VALUES**

- USH works to continuously improve quality of care.
- USH partners with patients and community to instill hope and reinforce an attitude of recovery.
- Dignity, respect, safety and integrity are the foundations of our therapeutic environment.
- We earn trust through partnership with patients, family and community.

*~Dallas Earnshaw, Superintendent*



# Campus Update



Summer is just around the corner “I think”! It has been a long winter, but it is time to shift gears and get ready to plant flowers and start mowing the lawns, getting the sprinklers up and running and all that fun summer stuff. I am sure it will be a welcome change this year for everyone.

The Maintenance Department would like to thank everyone that has helped us with snow removal this winter. It has been a struggle with all the snow and cold temperatures we have had to keep the parking lots, roads and walks cleared.

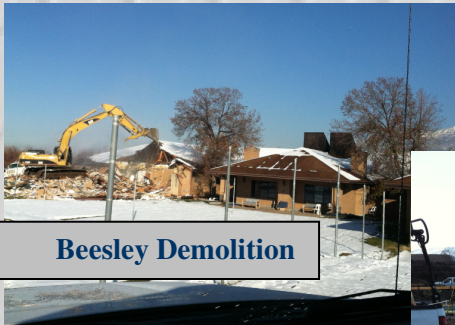
The Construction of the new Mark I. Payne building and the Mountain Springs Wellness Center is going very well, we will start to see a lot of visual progress on these buildings in the next few weeks as the footings and underground work is almost complete.

This year is going to be busy with the construction projects we have lined up, in addition to the new buildings that are being built; the following is a list of a few that we will be working on.

1. **Rampton I:** We are currently installing a new roof membrane and skylights to Rampton I and the Heating Plant.
2. **Rampton I Parking Lot:** We are going to be building a new parking lot just west of the current parking lot at Rampton I, this will add 35 new stalls which will help with the congestion we are currently experiencing.
3. **Heninger Building:** We will be re-paving the north parking lot of the Heninger building and north down to the Support Services Building.
4. **Spring Development:** As soon as the snow is melted enough we will be back up Slate Canyon to finish the spring development project, which will provide more water to the campus especially during fall & winter months.
5. **Water Meter:** We are going to re-construct our water meter to the campus; this is located on the Chapel lawn, by the south administration parking lot.
6. **Sewer Line:** There is going to be a new church built where the old barn is north of USH campus by Seven Peaks. As a result of this project we will be relocating one of our sewer lines that runs through that area back into our campus system.
7. **Forensic:** We are currently working with DFCM and a contractor on a commissioning project for the Forensic building which will identify some energy saving options, and help to solve some heating and cooling problems we have in that building.

Just to give you an idea of what our Maintenance Crew has accomplished this last year, they have completed 11,450 work orders ranging from small minor work orders to more extensive work orders that take many hours to complete. I have a great crew to work with, and appreciate everything they do to make the Hospital a better place for all of us. With the many different things we experience, it is not an easy task maintaining a campus of this magnitude, it seems like nothing is ever the same, we experience many different challenges each day. Sometimes it takes us a little time to get to some of your requests and we appreciate your patience with us.

*~Kendall Johnson, Support Services*



**Beesley Demolition**



**Mountain Springs Wellness Center**

*Pictures courtesy Kendall Johnson*



**Mark I. Payne Building**



## ***SPIRIT OF SAFETY AWARD***

In the Capital One commercial Jimmy Fallon asks the baby, “Do You Want More Cash?” How would you answer that question? Well, if you said yes, read this!

Over the past couple of years, a Process Improvement Committee has worked on reviewing the hospital’s “Debriefing” processes for Critical Incidents (including Seclusion and Restraints). It was felt that the Debriefings completed by the RN’s and the SMT were not meaningful processes and an inefficient use of staff time. It was also determined that since the Joint Commission regulation on Nursing Debriefings had changed that USH would modify the Debriefing process. A Level I and Level II Debriefing system has since been revised where the Nurse on shift has a much less time-consuming review of patient condition when in Seclusion and Restraint and the SMT can do more focused or random reviews of PIRS during the week. The Goal of the Debriefing process is to reinforce a Culture of Safety within the hospital to assist in reducing Seclusion and Restraint and minimizing injuries to patients and staff. This is done by “debriefing” the PIRS and determining what areas of concern should be addressed such as: implementing Behavioral Support Plans; reinforcing Staff Training; assessing Staffing Resources; monitoring Policy Adherence; etc.

The Debriefing Committee was then tasked with coming up with a Hospital-wide Level III Debriefing process. We struggled with this in that we wanted something that could give helpful feedback to the staff without coming across negative or punitive. We needed something that would teach and reinforce a Culture of Safety by decreasing Seclusion and Restraints as well as Injuries to patients and staff.

At our annual Western Psychiatric State Hospital Meetings each hospital is given the opportunity to share what is called the “BRAG AND STEAL” presentation of one of their successes as an organization. Our organization benefits greatly from the success of others. The Debriefing Committee decided that this philosophy would have a greater impact on our Culture of Safety vs. a Level III hospital-wide debriefing process.

An idea surfaced that seemed to have more potential for a positive impact on patient and staff outcomes. Rather than focus changes to be made on what went wrong or led up to a Critical Incident / PIRS; we would be better served by highlighting situations in which staff performed a superb job at PREVENTING a critical outcome such as an injury or PIRS. By so doing, we can recognize employees for their great work. Let’s reward what goes right vs. try to always fix what may not work. Not only do we reinforce excellence work performance, but it is a good practice to learn from those who demonstrate competence or extraordinary skills.

The result of this discussion is a new Recognition Award Process which will begin immediately called the **“SPIRIT OF SAFETY” Award**. Congrats to Forensic Area IV and Mike Cox for creatively naming the award! Employees and/or Supervisors can nominate anyone who exemplifies effective de-escalation and/or intervention skills that help in critical situations. In other words, any person who does a tremendous job intervening with patients and helping to avoid a critical incident deserves to be nominated. We want to emphasize a culture of safety and non-violence.

Therefore, we would now request participation throughout the hospital by doing the following: Please recognize any employee who demonstrates skill at managing volatile circumstances in a manner that redirects a patient or helps in de-escalation or total avoidance of the need for such and the patient is able to have positive outcomes in treatment.

Nominations can be sent via email to the Quality Resource RN, Marlow Plumb or a member of the Executive Staff. Each month, these will be reviewed. An incentive will be awarded to the employee chosen who exemplifies the Mission of the Hospital through their extraordinary intervention skills. Since this is in the pilot stages of the program, we need to assess the outcome of this endeavor and determine the extent of the nominations/recognitions to determine the most effective recognition process.

When nominating someone: PLEASE DO NOT INCLUDE PATIENT NAMES IN THE EMAIL NOMINATION. This would be a HIPAA policy violation. Just document the Employee’s Name, Unit, Date the event occurred, the facts of the situation and the employee’s performance that is being recognized.

*~Dallas Earnshaw, Superintendent*



## Utah State Hospital Forgotten Patient Christmas Project A Sixty-Seven Year Tradition



Christmas was evident on the wards at the Utah State Hospital this year. Every ward was decorated and festive, candy and fruit was everywhere and under the Christmas trees were gifts for everyone. Those who had no families were especially remembered with gifts provided by generous people in our communities. But it was not always this way.

Not much information is available about how patients in earlier years celebrated holidays but we do know that funds were limited and many had little or no family support. The Biennial Report in 1912 noted that "The holidays, Thanksgiving, Christmas and New Years, have been celebrated as usual by special menus and entertainments. A Christmas tree, with "Santa Claus was provided for the children of the Department for the Feeble-minded, with distribution of candy, nuts and fruit and each received a substantial gift, money having been contributed by friends of the institution for the purchase of presents for the children". We do know from a patient's diary from 1911 and from other accounts that the traditional gift for the rest of the patients without families would have been fruit and maybe a piece of candy.

Over time as the community became more involved with the hospital concerts and programs including Christmas programs increased. However, personal Christmas gifts for patients were still a ways off. The hospital's Forgotten Christmas Project would not officially begin until 1945 when the hospital's Nursing Services contacted Provo City merchants for help for gifts for patients that they knew would be forgotten that Christmas. Finding some success they continued to ask for help again in 1946 and 1947.

In 1948, the Utah County Chapter of the American Red Cross became aware of the hospital's needs and became interested in the Utah State Hospital's new volunteer movement. They became aware of absent holiday gifts for those without families and began bringing Christmas candy and later other gifts. Gradually other county chapters became interested. The Gray Ladies and Gray Men as they were known were the first volunteers to come and work regularly with the hospital patients and would provide many other activities and gifts apart from Christmas.

*(Continued on page 7...)*



*Gray Ladies Photo Courtesy Janina Chilton*





*(Continued from page 6...)*

Over the years the Forgotten Patient Christmas project gradually expanded. Gifts were no longer just being provided by the Red Cross Chapters but the Jaycees as well as other organizations. Also many gifts were now being provided by individuals and families who would take the name of a patient and provide that person with their entire Christmas. The project had become a community effort.

At its zenith, before the advent of the community mental health centers, over 500 patients were remembered with individually selected wrapped gifts including hospital patients that had been moved to nursing homes. Also along with individual gifts every ward received a ward gift, usually an electrical appliance and a large box of fruit.

In the 1970's, the hospital's patient population had declined as Utah's community mental health centers developed and moved their patient out of the hospital. The Forgotten Patient Christmas Project also changed to adapt to changing needs. For a number of years the hospital provided Christmas gifts for clients of one of the local community mental health centers that had undergone a challenging time.



*Photos Courtesy of Janina Chilton*

In 1982 a hospital Patient Christmas Banquet was also added thanks to the US West Telephone Company and its volunteer organization known as "Pioneers". They would hold fund raising events in order to raise money for the food at the banquet and would provide the entertainment as well as Santa Clause. Both US West volunteers and hospital staff would serve the food which was prepared by hospital food service staff.

The Utah State Hospital Forgotten Patient Project still going strong after 67 years. This past year, individuals and community groups provided Christmas gifts for 318 patients. The Patient Christmas Banquet is still being held but is now provided by the hospital since the merger of US West with AT& T. Volunteers are involved with decorating and serving the patients a special Christmas menu.

Today, the Forgotten Patient Project is more than a community project, it is a statewide effort, with hundreds of individuals, families, and organizations who continue year after year to provide generously to make Christmas a little merrier for patients at the hospital.

*~Janina Chilton & Shawna Peterson*

# 2013 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

## Identify Patients Correctly

- NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion.

## Improve Staff Communication

- NPSG.02.03.01 Get important test results to the right staff person on time.

## Use Medicines Safely

- NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.
- NPSG.03.06.01 Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

## Prevent Infection

- NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.
- NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.
- NPSG.07.05.01 Use proven guidelines to prevent infection after surgery.
- NPSG.07.06.01 Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

## Identify Patient Safety Risks

- NPSG.15.01.01 Find out which patients are most likely to commit suicide.

*The exact language of the goals can be found at [www.jointcommission.org](http://www.jointcommission.org)*



## FMECA / PRA Projects

Many of you may have been familiar with the FMECA (Failure Mode Effects and Criticality Analysis) projects of the past. These projects have been replaced with the PRA (Proactive Risk Assessment) projects. PRA projects that have already been addressed include Confined Spaces, Fire Doors and ADA Compliance. The process for choosing these projects includes researching items that could pose a

potential risk to patients or staff or both. The issues are then discussed and prevention is put into place before something happens. If there is anything that you see around campus that you believe may pose a potential risk, please let someone in the Risk Management know so that it can be added to the list of possible projects that will be worked on. Thanks for all your help!!

## USH NEWSLETTER

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